

# Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

March 30, 1999

Mr. Jorge E. Kukurelo Palace Dry Cleaners 733 South Orange Blossom Trail Apopka, Florida 32703

Re: Facility No.: 0951210

Dear Mr. Kukurelo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 15, 1999.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

# BEST AVAILABLE COPY

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D  #3857 on 3-8-99  ARms # 1111
AIRS 10#: 0951210 DATE: 3/5	99   TIME IN: <u>0855</u>   TIME OUT: <u>0945</u>
FACILITY NAME: Palace Dry	(leaners
FACILITY LOCATION: 733 South	h Orange Blossom Trail
Apopka,	FL 32703
RESPONSIBLE OFFICIAL: <u>Jorge E.</u>	(leaners h Orange Blossom Trail FL 32703 Kukurelo PHONE: 407-880-9177
CONTACT NAME:	
PART I: NOTIFICATION	:
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup O
2. Facility failed to notify DARM to use general po	
	6, 2
	0.7
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out obbiginess/petroleum  2. New small area source  dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out obbits iness/petroleum  2. New small area source ☐
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of biginess/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of bitainess/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a general content of the	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)  1. Can not determine

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? WAND ND AND 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN ÖN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	() ()	DZ/N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY.	ПN	DAVIV
	Is the temperature differential equal to or greater than 20° F?	ΠY	ÜN	DAN/Y
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	IJИ	DNIV
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠV	ΩN	ra kiya
		<b>□</b> 1	J11	-411/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	DAIN

PART V: RECORDKEEPING REQUIREMENTS	. ,
Has the responsible official: (check appropriate boxes)	, ,
1. Maintained receipts for perc purchased?	אנט אנא
2. Maintained rolling monthly total of perc consumption?	אס אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ם א רוא מאיע
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צם
4. Maintained calibration data? (for applicable direct reading Instruments)	AIMED NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אם צם
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY ON TONIA
Problem corrected?	DY DN MINIA
8. Maintained compliance plan, if applicable?	DY DN ØN/A

Has most receipts for Perc purchases.

I review the perchloroethylene dry cleaner air general permit notification form with Mr. Kukurelo as he filled it out. I also showed Mr. Kukurelo how to use the 1999 Dry Cleaner Compliance Calendar.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCO	VERY V	RE-INSPECTION
TIME IN: 0855	TIME OUT:	0945	AIRS ID#:	
	leaner			
FACILITY NAME: Palace	e Dry Cleane	ors = T		DATE: 3/5/99
	3 South Orange	810550m Ira;1 32703		· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL:	1 1	•	ONE NUMBER: 40	07 - 880 - 9177
	ne compliance requirements ale 62-213.300, Florida Adn	_	•	is found to be in
Based on the results of the discrepancies were noted	e compliance requirements:	evaluated during this in	ispection, the follow	ing compliance
COMPLIANCE REQU		M FOLLO	OW-UP ACTION	N REQUIRED
No temperature	log	Re-	inspection	Win 3 mos.
No leak detec	ition log		11	
No Perc log			()	
No Permit		• .	11	. '
•				
COMMENTS: Let 1 1999	Dry (leaner Co	orpliance Ca	lendar a	nd Permit
Notifaction Form	un Feb. 76,190	19. Revisit o	n 3/5/99	to review
Permit and Cale			·	
The Annual Compliance Certifica	ition form has been properly	certified and submitted	d to the inspector.	YES NO
DATE OF NEXT INSPECTION	v:	15/99		
INSPECTION CONDUCTED E	BY:	Bundy_		
INSPECTOR'S SIGNATURE:	Alka i	(Please Print) Bunch PHO	ONE NUMBER:	836-9524
	P	age of .		Revised 10/96

#### Bowman, Sandy

From: Sent:

Ilka.Bundy@co.orange.fl.us Friday, June 22, 2001 3:39 PM Butler, Rick

To:

Cc:

Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject:

Palace Dry Cleaners

Hi Rick!

I wanted to let you know that Palace Dry Cleaners, AIRS ID # 0951210, is no longer using perc. As of June 16, 2001, Mr. Kukerelo is using petroleum.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

#### Bowman, Sandy

From: Sent:

Ilka.Bundy@co.orange.fl.us

Friday, June 22, 2001 3:39 PM Butler, Rick

To:

Cc:

Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject:

Palace Dry Cleaners

Hi Rick!

I wanted to let you know that Palace Dry Cleaners, AIRS ID # 0951210, is no longer using perc. As of June 16, 2001, Mr. Kukerelo is using petroleum.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

Rick,

The R.O. of Palace Dry Cleaners (AIRS #0951210), Jorge E. Kukerelo, said he never received a letter from Tallahassee that his permit was received. Can you please send him a copy?

Thank you!

Ilka Bundy Phone 407-836-1476 Fax 407-836-1499

mailed 4/12/2000

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# Burgar S 1995 FD Sources form. Send

## Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

	try Name and Location	
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	ANDOAS INC.	
2.	site Name (For example, plant name or number):	
	ALACE DAY CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	FLD 982093 676	
4.	Facility Location: 733 500TH ONSWE BLOSSOM ON. Street Address:	
1	City: APOPULA County: OPANGE Zip Code: 32703	
5.	acility Identification Number (DEP Use ONLY = do not fill in);	
4		
	onsible Official	
6.	Name and Title of Responsible Official:	
Nar	JORGE E KUKURED Title: OWNOW	
7.	Responsible Official Mailing Address:	
	Organization/Firm:	
	Organization/Firm: Street Address: 733 5. ORSWAE BLOSSOM M.	
	Organization/Firm: Street Address: 733 5. ORSNAE BLOSSOM M. City: APONICA County: ONMAE Zip Code: 32703	
8.	Organization/Firm: Street Address: 733 5. ORSNAE BLOFFOM M.  City: APORICA County: ORANGE Zip Code: 32703  Responsible Official Telephone Number:	
	Organization/Firm: Street Address: 733 5. ORSNAE BLOFFOM M.  City: APORICA County: ORANGE Zip Code: 32703  Responsible Official Telephone Number:	
8.	Organization/Firm: Street Address: 733 5. ORSNAE BLOFFOM M.  City: APORICA County: ORANGE Zip Code: 32703  Responsible Official Telephone Number:	
8.	Organization/Firm: Street Address: 733 5. ORSNAE BLOSSOM M. City: APONCA County: ONSNAE Zip Code: 32703  Responsible Official Telephone Number: Telephone: (407) 880 9177 Fax: ( ) -	
8.	Organization/Firm: Street Address: 733 5. ORSNAE BLOFFOM M. City: APONICA County: ONFINEE Zip Code: 32703  Responsible Official Telephone Number: Telephone: (407) 880 9177 Fax: ( ) -	
8. <b>Fac</b> 9.	Organization/Firm: Street Address: 733 5. ORSNAE BLOFFOM M. City: APONICA County: ONFINEE Zip Code: 32703  Responsible Official Telephone Number: Telephone: (407) 880 9177 Fax: ( ) -	
8. <b>Fac</b> 9.	Organization/Firm: Street Address: 733 5. ORSWAE BLOFFOM M. City: APONICA County: ONMAE Zip Code: 32703  Responsible Official Telephone Number: Telephone: (407) 880 9177 Fax: ( ) -  ity Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):	
8. <b>Fac</b> 9.	Organization/Firm: Street Address: 733 5. ORSWAE BLO SOM M. City: APONICA County: ONAWAE Zip Code: 32703  Responsible Official Telephone Number: Telephone: (407) 880 9177 Fax: () -  ity Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:	
8. Fac 9.	Organization/Firm: Street Address: 733 5. ORSWEE BLO FROM M.  City: APONICA County: Ollawae Zip Code: 32703  Responsible Official Telephone Number:  Felephone: (407) 880 9177 Fax: ()  Ity Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:  City: County: Zip Code:  Facility Contact Telephone Number:	
8. Fac 9.	Organization/Firm: Street Address: 733 5. ORSWEE BLOFFOM M. City: APONIA County: ORAWEE Zip Code: 32703  Responsible Official Telephone Number: Felephone: (407) 880 9177 Fax: ( )  ity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address: City: County: Zip Code:	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

# **Facility Information**

l.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2/1986	Existing Ne	ew (RC)CA/None required	SAME
	Existing/Ne	ew RC/CA/None required	<del></del>
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer mach 1993, it is a <b>NEW</b> unit (r	ine was purchased no units purchased	I from the manufacturer between I	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
	proethylene (perc)	have you used within the last 12 r	months?
	•	,	
(b) If less than 12 mo	-		1. 7.
Check why it is le	ess than 12 month	s: New owner: Did not kee	
		New store: [] New machin	ne []
		Ilnononed store [ 1/dets -f	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification on	· ,
Small Area Source []	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions up Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (	•
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [	<u>/</u> 2
What type of fuel do you use?   [] propane  [] No. 2 fuel  [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ad	ddition log
(b) Leak detection inspection and repair	itoring
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	toring []
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (	Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Imply notify the Department of any changes to the information contained in this notification.
Print nam	ne of responsible official
<u> </u>	June - 3-5-1999
Signature	Date

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	NSPECTION	CHECKLIST	
TYPE OF INSPECTION:	ANNUAL	. 🗹	COMPLAINT/DISCOYE	RYP 2 D
	RE-INSPECTION	v 🗆	4 10	
	RE-INSTECTION			Air No 99
AIRS 10#: 0951210	1/9/90	9	n 0900	0(1/06)(8/2/)
			IN:U IVU TIME O	UT:
FACILITY NAME: Pal	ace Dry Cl	<u>paners</u>		
FACILITY LOCATION:	733 South	Orange	Blossom Tra	;
·	Apopka Fl	3270		
RESPONSIBLE OFFICIAL				1-9177
RESPONSIBLE OFFICIAL	: Jorge L. I	Murarelo	_PHONE: _90 1 - 880	<del>/ // // /</del>
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				·
New facility notified DARM	A 30 days prior to start	tup		a l
2. Facility failed to notify DA	RM to use general perr	mit		a
		*		
PART II: CLASSIFICATIO	· ·		<del></del>	
		+ 20*	☐ No notification form	
Facility indicated on notifica (check appropriate box)	tion form that it is:	1	☐ Drop store/out of busing	iess/petroleum
A.	, / ·			•
1. Existing small area sou		2. New small		
dry-to-dry only, x < 140 ga			, x < 140 gal/yr	
transfer only, x < 200 gal/y both types, x < 140 gal/yr		transfer only, x both types, x <		
(constructed before 12/9/91			or after 12/9/91)	
3. Existing large area sou		4. New large		· .
dry-to-dry only, $140 \le x \le 1$			$x, 140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.8$	•	•	$0.00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$		• •	$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91	·).	(constructed of	or after 12/9/91)	
5. This is a correct facility	classification	MA ON	□Can not determine	
If no please check th	e appropriate classifica	ntion:		
	ility qualified for a gene		umber above	
			gible for a general permit	
			G	
B. The total quantity of perch		rchased within	the preceding 12 months by	this dry cleaning
facility was gallon	119-136			
∥	. II K 12W			

PART III: GENERAL CONTROL REQUIREMENTS	-		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A		
2. Examining the containers for leakage?	OY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	□Y □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part	v.		
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON		
<ol> <li>Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?</li> </ol>	□Y □N □N/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON		

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□n □n/a
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	MD AND
2. Maintained rolling monthly total of perc consumption?	QA ON .
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מ/אם אם צפ
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PAN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	באַאנט אט צים A
Problem corrected?	OY ON BN/A
8. Maintained compliance plan, if applicable?	אואש אם צם

PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair	
	inspection?			©Y □N	
2.	Has the facility maintained a leak log?			DY ON	
3.	Does the responsible official check the f	ollowing areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	⊠Y □N □N/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	lvent on exterior surfac	es)	<b>Q</b>	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	DNIA				
If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and secure area when not in use?			ise?	□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N	
1.				· :	
	Ilka Bundy 4-9-99				
_	Inspector's Name (Please Prin	ut)	Date of Inspe	ection	
	Hlza Bumb - 4-9-2000				
Inspector's Signature Approximate Date of 1			Next Inspection		

ADDITIONAL SITE INFORMA	TION:
·	
	•
	·
·	
·	
	·
·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL 🗹	COMPLAINT/I	DISCOVERY	RE-INSPE	CTION _
TIME IN: 0900	TIME OUT:	0930	AIRS ID#:	0951210	
TYPE OF FACILITY: Dry (10	aner				.,,
FACILITY NAME: Palace Dr	0/		annulus pe debuti i i dibidilikasa uku akun i isa mpampaga p	DATE: 4/	9/99
	outh Orange	. ) 1	Trail		7-7-
Apopk		32703			
RESPONSIBLE OFFICIAL: Jorg	- W	<del>`</del>	PHONE NUMBER	R: 407-880-	9177
Based on the results of the comp compliance with DEP Rule 62-2	•	-		cility is found to b	e in
Based on the results of the comp discrepancies were noted:	liance requirements	evaluated during	this inspection, the fo	llowing compliand	e
COMPLIANCE REQUIREM	ENT/PROBLE	M FC	DLLOW-UP ACT	ION REQUIR	ED
· .					
•					
					·
COMMENTS:					
Facility in	complic	ance.	•		
The Annual Compliance Certification for	m has been properly	certified and sub	omitted to the inspecto	or. YES	иоП
DATE OF NEXT INSPECTION:	4/	$\frac{9/2000}{\text{(Approximate)}}$	<u> </u>		
INSPECTION CONDUCTED BY:	Ilka	Bundy	,		
INSPECTOR'S SIGNATURE:	Mea Bun	(Please Print	) PHONE NUMBEI	R: 836-1	1524
	P	age of .		•	Revised 10/96

DRY CLEANE ANNUAL C	COMPLIANCE CER	TIFICATION FO	ORIM ORANGE COUNTY PROTECTION I	ENVIRONMENTAL DEPARTMENT
FACILITY NAME: Palace Dr	y Cleaners		DATE: _	8.23.99
FACILITY LOCATION: 733 S Apopka	FL 32703	Blossom Tra	n: /	
Annual Reporting Period: 4-2	19_7	<u>9</u> то	4/9	19 99
Based on each term or condition of the Title V p62-213.300, Florida Administrative Code (F.A.		•	<u></u>	Rule INO
If NO, complete the following:				
#1. Term or condition of the general permit that	nt has not been in continuo	ous compliance durin	g the reporting period	
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	<u>.</u>		SEP 2 8 1	
Method used to demonstrate compliance:			Bureau of Air Mo & Mobile Sou	onitoring <del>Irces</del>
#2. Term or condition of the general permit that	nt has not been in continue	ous compliance durin	g the reporting period	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities.	l complete. Further, my a	nnual consumption of	perchloroethylene so	lvent, based
		1 fre	w. 8	1.23.99
RESPONSIBLE OFFICIAL: JORGE		1700	• 0	.23.79

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

4-18-00 4-18-00 4-18-00

TYPE OF INSPECTION:	ANNUAL	r T	COMPLAINT/DISCOVERY
	RE-INSPECTION		

AIRS ID#: 0951210 DATE: 4-18-0				
FACILITY NAME: Palace Dry	Cleaners			
FACILITY LOCATION: 733 South	_ (7:			
Apopka, F				
l ' ' '				
RESPONSIBLE OFFICIAL: Jorge E.	Kukurelo PHONE: 407-880-9577			
CONTACT NAME:	PHONE: Sources of the second o			
	es si			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
PART 1: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to start	up 🗖			
2. Facility failed to notify DARM to use general per	nit 🗖			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:				
(check appropriate box)	☐ Drop store/out of business/petroleum			
A.  1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr			
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr			
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x \le 140$ gal/yr (constructed on or after $12/9/91$ )			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
	Thy DN DO 1414			
5. This is a correct facility classification	☑Y □N □Can not determine			
If no, please check the appropriate classifica	ition:			
· · · · · · · · · · · · · · · · · · ·	eral permit as number above			
facility exceeds above lim	its and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning				
facility was 12(p gallons.				

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,			
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A			
2. Examining the containers for leakage?	MY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	MY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	UY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON EN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification I has been checked, no controls are required. Proceed to Part V.				
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	□Y □N			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

D. Mas the responsible official of an existing large of new large area source also.	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MY ON
Has the responsible official: (check appropriate boxes)	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DAY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A DY ON ON/A OY ON DY/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for pere purchased?  2. Maintained rolling monthly total of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A DY ON ON/A OY ON DYN/A OY ON DYN/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DY ON ON/A DY ON ON/A OY ON ON/A OY ON ON/A

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DAY DIN		
2. Has the facility maintained a leak log?		CIY DON			
3. Does the responsible official check the f	ollowing areas for leaks?	?			
Hose connections, fittings,	MY ON ON/A				
couplings, and valves	MY UN UN/A	Muck cookers	MY ON ON/A		
Door gaskets and seating	MY ON ON/A	Stills	ØY □N □N/A		
Filter gaskets and scating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
Pumps	DY ON ON/A	Diverter valves *	OY ON ON/A		
Solvent tanks and containers	DAY DIN DIN/A	Cartridge filter housings	OY ON ON/A		
Water separators	DY ON ON/A		•		
4. Which method of detection is used by the	ne responsible official?		/		
Visual examination (condensed so	Ivent on exterior surface	s)	<b>D</b> /		
Physical detection (airflow felt thr					
Odor (noticeable perc odor)	<b>a</b>				
Use of direct-reading instrumental					
Halogen leak detector					
If using direct-reading instru	DN/A				
a. Capable of detecting p	OY ON				
b. Calibrated against a standard gas prior to and after each use					
(PID/FID only)?			OY ON		
e. Inspected for leaks and obvious signs of wear on a weekly basis?			UY UN		
d. Kept in a clean and se	OY ON				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
Ilka Bundy 4-18-00					
	Inspector's Name (Please Print)  Date of Inspection				
Alka Bunds 5-18-00					
Inspector's Signature		Approximate Date of	Next Inspection		

# BEST AVAILABLE COPY

### ADDITIONAL SITE INFORMATION:

\$2-10-00 Paperwork @ home.

Send copy of letter on new permit # 095/20

4-18-00 No leak log recorded. Said he did not receive a 2000 Compliance Calendar.

1999 2000

7-15-99 19.5

8-2-99 19.5

2-8-99 39.00

10-15-99 19.5

11-11-99 39.0

136,5

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1100	AIRS 1D#: 0951210
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Palace Dry Cleaners	DATE: 4-18-00
FACILITY LOCATION: 733 South Orange T	Blossom Trail
Apopka, FL 32703	
RESPONSIBLE OFFICIAL: Jorge E. Kukurelo	PHONE NUMBER: 407-880-9177
Based on the results of the compliance requirements evaluate	•
compliance with DEP Rule 62-213.300, Florida Administra  Based on the results of the compliance requirements evalual	
Based on the results of the compliance requirements evaluated discrepancies were noted:	led during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak inspection log	
(Not recorded)	Re-inspect in one month.
·	
4	
·	•
į	
1	
COMMENTS:	1 1
Mr. Kukerelo is conducting a week	ly leak inspection, but has not
maintained a log, He did not receive	ic a 2000 Dry Cleaner Compliance
Mr. Kukerelo is conducting a week maintained a log, He did not received calendar, so I left him one.	<u> </u>
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector.  YES NO
DATE OF REAL POST ECTION.	8-00
T 11 >	proximate) \$
INSPECTION CONDUCTED BY: LIKIA B	UNOY
INSPECTOR'S SIGNATURE: Alka Bundy	PHONE NUMBER: 417-836-1400
i.	

Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Palace Dry Cleaners	DATE: 5-12-200
ACILITY LOCATION: 733 South Orange Blo Apopka, FL 32703	ssom Trail
A ( [] 22722	
Apopka, FL 32103	· · · · · · · · · · · · · · · · · · ·
, o	
Annual Reporting Period: April 9 20 1999	TO May 12 2000
ased on each term or condition of the Title V general air permit, my facility l	has remained in compliance with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered	by this statement. TYES NO
NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous co	ompliance during the reporting period stated above:
xact period of non-compliance: from	to
xact period of non-comphance. Iron	to
ction(s) taken to achieve compliance:	
lethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous co	ompliance during the reporting period stated above:
xact period of non-compliance: from	to_
ction(s) taken to achieve compliance:	
	· ·
ethod used to demonstrate compliance:	
·	·
	I do a second to be seen about the statements are
s the responsible official, I hereby certify, based on information and belief fo this notification are true, accurate and complete. Further, my annual const	
urchase receipts, does not exceed 2,100 gallons per year for dry-to dry facili	
ombination facilities.	/V.
	1 11 11 11 11 11 11 11 11 11 11 11 11 1
RESPONSIBLE OFFICIAL: JOLGE E. KUKUNELO  Name (Please Print)	Signature Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPL	AINT/DISCOVERY RE-INSPECTION V
TIME IN: 0915 TIME OUT: 0940	AIRS ID#: 095/210
TYPE OF FACILITY: Dry Cleaner	<i></i>
FACILITY NAME: Palace Dry Cleaners	DATE: 5-12-00
FACILITY LOCATION: 733 South Orange Blasso	
A popka FL 32703	<u></u>
	PHONE NUMBER: 407-880-9177
RESPONSIBLE OFFICIAL: Jorge E. KUKUrelo	PHONE NUMBER: 107 550 7777
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrativ	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u></u>	×
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION: 5-12	-01
INSPECTION CONDUCTED BY: Ika Bur	oximate)
	PHONE NUMBER: 407-836-1400
	Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT	DISCOVERY (1)	790°
	RE-INSPECTION	tar e	Thore	,5
AIRS ID#: 0951210			тіме оцт:	_
FACILITY NAME: $P \propto 10$			_	
FACILITY LOCATION:	133 South Orc	inge Blossom	Trail	-
	Apopka, FL	327.03		-
RESPONSIBLE OFFICIAL :	Jorge Kukun	210 PHONE: 40	7-880-9177	
CONTACT NAME:	·	PHONE:		
			<u> </u>	
PART I: NOTIFICATION			real contract of the contract	
(check appropriate box)			Mobile 1	n
1. New facility notified DARM	1 30 days prior to startup		Air -	
2. Facility failed to notify DAI	RM to use general permit		JN 2 2 2001 JN 2 1 2001 JN 2 1 2001 JN 2 1 2001	
			ori	
PART II: CLASSIFICATION	N	<u> </u>		<u> </u>
Facility indicated on notificat	ion form that it is:	☐ No notificat		
(check appropriate box) A.		☐ Drop store/	out of business/petroleum	
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry- tran: both	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9/91)		
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	2,100 gal/yr dry- 00 gal/yr trans gal/yr both	New large area source to-dry only, $140 \le x \le 2,100$ sfer only, $200 \le x \le 1,800$ ga a types, $140 \le x \le 1,800$ gal/ structed on or after $12/9/91$	al/yr yr	
5. This is a correct facility c	lassification	☑N ☐Can not dete	ermine	
☐ facil☐ facil	appropriate classification: ity qualified for a general p ity exceeds above limits ar		above al permit	
R The IOIAL QUARTITY OF Descrip	orgethylene (perc) purchas	ed within the preceding 12 n	nonths by this dry cleaning	

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ØY, ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	_		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY (	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY (	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	QY I	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			_
	if machines are equipped with a carbon adsorber?	ΔY (	ПN	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (	ПN	<b>☑</b> N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			/
	or expansion; and downstream from no other inlet?	□Y (	ПN	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (		
6.	Routed airflow to the carbon adsorber (if used) at all times?	<b>□</b> Y (	ПN	⊠N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DYY ON ON/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN CN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DWA Problem corrected? DY DN PN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	ection?			DY ON	
2. Has	the facility maintained a leak log?			MY ON	
3. Does	s the responsible official check the fe	following areas for leaks?			
!	Hose connections, fittings,				
	couplings, and valves	MY ON ON/A	Muck cookers	ØY □N □N/A	
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	MY ON ON/A			
4. Which	ch method of detection is used by th	e responsible official?	•		
	Visual examination (condensed so	lvent on exterior surfaces)		<b></b>	
	Physical detection (airflow felt thro	ough gaskets)			
	Odor (noticeable perc odor)			<b>□</b> .	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			ØN/A		
	a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON		
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	UY UN	
d. Kept in a clean and secure area when not in use?			OY ON		
	e. Verified for accuracy b	by use of duplicate samples	s (calorimetric only)?	OY ON	
	Ilka Bundy		5-12-00		
	Inspector's Name (Please Print	<del>(1)</del>	Date of Inspection		
	hi - A	,	•		
	the Burd		5-12-01		
	Inspector's Signature		Approximate Date of	Next Inspection	

1	ADDIMINATION	SITE INFORMA	mr. O. B.I.
1			

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404214

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

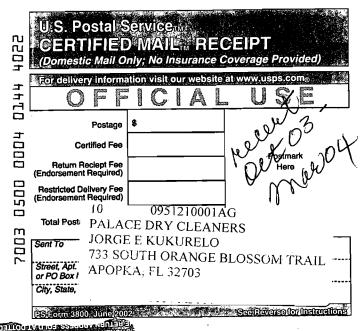
Do NOT Remove Label

AIRS ID # 0951210

PALACE DRY CLEANERS JORGE E KUKURELO 733 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703 JAN 30 O

FOR GOVERNMENT USE ONEY Org.: 37550101000 EO: A1

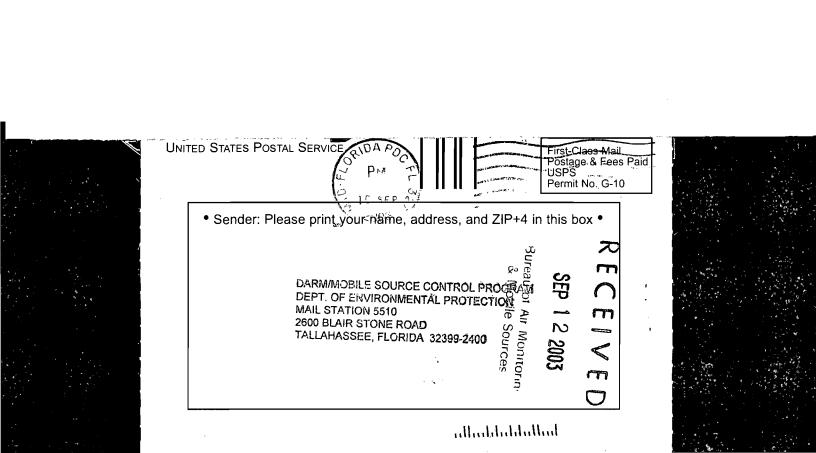
Fund: 20-2-035001 Obj.: 002273



#### COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No 10 0951210001AG PALACE DRY CLEANERS JORGE E KUKURELO 733 SOUTH ORANGE BLOSSOM TRAIL Service Type APOPKA, FL 32703 -D-Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. . 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 11111 (Transfer from serv PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below en your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0951210

PALACE DRY CLEANERS JORGE E KUKURELO 733 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Palace Dry Cleaners 733 S Orange Blossom Trl Apopka FL 32703-3708

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070